



Commonwealth of Massachusetts - Department of Fire Services
Executive Office of Public Safety - UST Regulatory Compliance Unit

Notification for Storage Tanks Regulated Under 527 CMR 9.00

Forward completed form, signed by local fire department, to: **Mass. UST Program, Dept. of Fire Services, P.O. Box 1025 - State Road, Stow, MA 01775**

Use Form FP-290R to notify of tank removals or closures in place.

Telephone (978) 567-3710

(Fire Department retains one copy of FP-290)

Fire Dept. Use Only

Date Received: _____

Fire Dept. ID# _____

Fire Dept. Sig. _____

☐ A. New Facility (see instructions, #1) ☐ B. Amended ☐ C. Renewal

INSTRUCTIONS: Form FP-290 (Notification for Aboveground and Underground Storage Tanks) is to be completed for each location containing underground or aboveground storage tanks regulated under 527 CMR 9.00. If more than five tanks are owned at this location, photocopy the following pages and staple continuation sheets to the form. The FP-290 must be completed in duplicate. Although the form may be photocopied, the facility owner or owner's representative must **sign each copy separately**; photocopied signatures are not sufficient. **Both copies of the FP-290 are to be forwarded to the local fire department, who will check all information and certify the forms.** The fire department will retain one copy of the FP-290 for its records, and the facility owner shall be responsible for forwarding the other copy to the Dept. of Fire Services at the address above. The local fire department will issue the permit portion of the FP-290; however, registration is not complete until the FP-290 is received and checked by the UST Regulatory Compliance Unit. All questions on this form are to be answered. Incomplete forms will be returned.

1"New Facility" means a tank or tanks located at a site where tanks have not been previously located.

2"Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable, and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection, e.g., (facility at 199 North Street is located) **400 yards southeast of Commons Road** (intersection).

State Use Only

A. Facility Number _____

B. Date Entered _____

C. Clerk's Initials _____

D. Comments _____

GENERAL INFORMATION

Notification Required

Fire Prevention Form FP-290 is to be used as Notification, Registration, and Permit for aboveground and underground storage tanks and tank facilities regulated under 527 Code of Massachusetts Regulations 9.00. No regulated aboveground or underground storage tank facility shall be installed, maintained, replaced, substantially modified or removed without a permit (FP- 290) issued by the head of the local fire department. The owner of any storage facility shall within seven working days notify the head of the local fire department and the Dept. of Fire Services of any change in the name, address, or telephone number of the owner or operator of a storage facility subject to regulation by Chapter 148, Mass. General Law and by 527 CMR 9.00.

Underground Storage Tanks

Each owner of an underground tank first put into operation on or after Jan. 1, 1991, shall, within thirty days after the tank is first put into operation, notify the Department of Fire Services (the department) of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, location, and uses of such tank. By no later than Jan. 31, 1991, each owner of an underground storage tank that was in operation at any time after Jan. 1, 1974, regardless of whether or not such tank was removed from beneath the surface of the ground at any time, shall notify the department of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, and location of the tank, and the type and quantity of substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. Such notice shall also specify, to the extent known, the date the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. The operator of any tank that has no owner or whose owner cannot be definitely ascertained, shall notify the department of the existence of such tank, specifying, to the extent known, any information relating to ownership of the tank, and date of installation, capacity, type, and location of the tank, and the type and quantity of substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. If the tank was abandoned beneath the surface of the ground prior to the submittal of such notice to the department, such notice shall also specify, to the extent known to the owner or operator, the date the tank was abandoned in the ground and all methods used to stabilize the tank after the tank ceased being in operation.

Exception: (a) a farm or residential tank of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes, or (b) a tank used for storing heating oil for consumptive use on the premises where stored are not required to be registered under 527 CMR 9.00.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$25,000 for each tank for which notification is not given or for which false information is submitted. (MGL Chapter 148, section 38H, 527 CMR 9.00)

Aboveground Storage Tanks

527 CMR 9.00 requires the registration of any aboveground storage tank which meets the following definition: a horizontal or vertical tank, equal to or less than 10,000 gallons capacity, that is intended for fixed installation without back fill above or below grade, and is used for the storage of Hazardous Substances, Hazardous Wastes, or Flammable or Combustible Liquids.

Exception #1: Aboveground tanks of more than 10,000 gallons capacity regulated by 520 CMR 12.00 (Requirements for the Installation of Tanks Containing Fluids Other Than Water in Excess of 10,000 Gallons) are not required to be registered under 527 CMR 9.00.

Exception #2: (a) a farm or residential tank of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes, or (b) a tank used for storing heating oil for consumptive use on the premises where stored are not required to be registered under 527 CMR 9.00.

Penalties: Any person who knowingly violates any rule or regulation made by the Board of Fire Prevention Regulations shall, except as otherwise provided, be punished by a fine of not less than one hundred dollars nor more than one thousand dollars. (MGL, Chapter 148, section 10B, and 527 CMR 9.00)

Where to Notify? Two completed notification forms should be signed by both the tank owner and the local fire department. One copy will be retained by the fire department, and the tank owner shall send a separate copy to the address at the top of this page.

When to Notify? 1. Owners of storage tanks in use or that have been taken out of operation must notify within thirty days.

Owners and Operators of Regulated Storage Tank Systems must maintain records certifying that all leak detection, inventory control and tightness testing requirements for the Regulated Storage Tank System are current. These records must be readily available for inspection.

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

If known, give the geographic location of tanks by degrees, minutes, and seconds. Example: Lat. 42, 36, 12 N Long. 85, 24, 17W

Latitude _____ Longitude _____

Street Address

Distance and direction from closest intersection (see instructions #2)

Facility Name or Company Site identifier, as applicable

City _____ State _____ Zip Code _____

Street Address (P.O. Box not acceptable - see instructions #2)

County

City _____ State _____ Zip Code _____

Phone Number (Include Area Code)

Owner's Employer Federal ID #

County

III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <i>(storage and sale)</i> <input type="checkbox"/> Private <i>(storage and use)</i>	<input type="checkbox"/> Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/> Tanks are owned by native American nation, tribe, or individual.	

V. TYPE OF FACILITY

Select the Appropriate Facility Description: (check all that apply)

___ Gas Station	___ Marina	___ Trucking/Transport
___ Petroleum Distributor	___ Railroad	___ Utilities
___ Airport	___ Federal - Military	___ Residential
___ Aircraft Owner	___ Industrial	___ Farm
___ Vehicle Dealership	___ Contractor	___ Other (explain) _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: _____	Address: _____	Phone Number (include area code): _____
Job Title: _____	_____	Home: _____
	_____	Business: _____

VII. FINANCIAL RESPONSIBILITY

☐ I have met the financial responsibility requirements in accordance with 527 CMR 9.00.

Check all that apply: <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> State Fund	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed - Specify _____
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VIII. ENVIRONMENTAL SITE INFORMATION

This information should be available from local health agent, conservation commission, or planning department.

1. Tank site located in wellhead protection area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Tank site located in surface drinking water supply protection area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Tank site located within 100 feet of a wetland	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Tank site located within 300 feet of a stream or water body	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

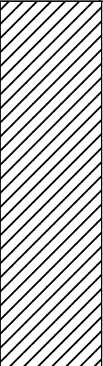
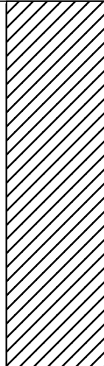
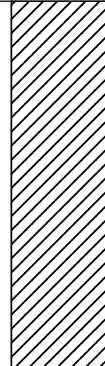
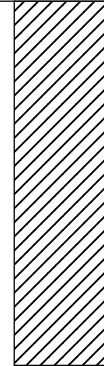
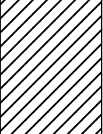
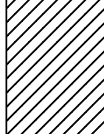
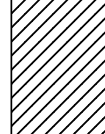
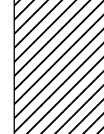
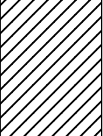
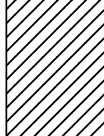
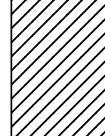
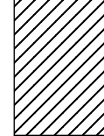








IX. DESCRIPTION OF STORAGE TANKS AND PIPING (COMPLETE FOR EACH TANK AT THIS LOCATION)

Tank Identification Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
1. Tank status					
a. Tank mfr's serial # (if known)	_____	_____	_____	_____	_____
b. Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Temporarily Out of Use (Start Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aboveground storage tank (AST) or Underground storage tank (UST)	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST
2. Date of Installation (mo./day/yr.)					
3. Estimated Total Capacity (gallons)					

Tank Identification Number (cont.)	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
4. Substance Currently or Last Stored					
a. Gasoline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Motor vehicle or other use</i>	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other
b. Diesel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Motor vehicle or other use</i>	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other
c. Kerosene	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Fuel Oil*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* "Consumptive Use" tanks need not be registered. "Consumptive Use" fuel used exclusively for area heating and/or hot water.					
e. Waste Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Other, Please specify	_____	_____	_____	_____	_____
<hr/>					
Hazardous Substance (other than 4a thru 4e above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERCLA name and/or	_____	_____	_____	_____	_____
CAS number	_____	_____	_____	_____	_____
<hr/>					
Mixture of Substances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please specify	_____	_____	_____	_____	_____
<hr/>					
5. Material of Construction - Tank (mark only one)					
Bare steel (includes asphalt, galvanized and epoxy coated)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cathodically protected steel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Composite (steel with fiberglass)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiberglass reinforced plastic (FRP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Concrete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please specify	_____	_____	_____	_____	_____
<hr/>					
6. Type of Construction-Tank (mark only one)					
Single walled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Double walled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please specify	_____	_____	_____	_____	_____
Is tank lined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does tank have excavation liner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tank Identification Number (cont.)	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
7. Material of Construction - Piping (mark only one)					
Bare steel (includes asphalt, galvanized and epoxy coated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass reinforced plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify	_____	_____	_____	_____	_____
8. Type of Construction - Piping (mark only one)					
Single walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify	_____	_____	_____	_____	_____
Has piping been repaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is piping gravity feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	_____	_____	_____	_____	_____

X. CERTIFICATION OF COMPLIANCE

1. Installation									
A. Installer certified by tank and piping manufacturers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Installer certified or licensed by the implementing agency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Installation inspected by a registered engineer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Installation inspected and approved by the implementing agency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Manufacturers' installation checklists have been completed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Another method allowed by 527 CMR 9.00. Please specify		_____	_____	_____	_____	_____	_____	_____	_____
2. Tank Leak Detection (mark only one)		Tank		Tank		Tank		Tank	
A. Double-wall tank - Interstitial monitoring		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Approved in-tank monitor		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Soil vapor monitoring (check one below)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Monthly <input type="checkbox"/> Continuous									
E. Inventory record-keeping and tank testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Other method allowed by 527 CMR 9.00. Please specify		_____	_____	_____	_____	_____	_____	_____	_____

Tank Identification Number (cont.)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
3. Piping Leak Detection (mark only one)	Piping	Piping	Piping	Piping	Piping
A. Pressurized					
a. Interstitial space monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Product line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mark all that apply below)					
<input type="checkbox"/> Automatic flow restrictor*					
<input type="checkbox"/> Automatic shut-off device*					
<input type="checkbox"/> Continuous alarm*					
* Also requires annual test of device and piping tightness test or monthly vapor monitoring of soil.					
B. Suction: Check valve at tank only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Requires interstitial space monitor or line tightness test every three years)					
<input type="checkbox"/> Interstitial space monitor					
<input type="checkbox"/> Line tightness test					
C. Suction: Check valve at dispenser only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(No monitor required)					
D. Other method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____
4. Date of last tightness test (tank & piping)	_____	_____	_____	_____	_____
5. Gravity feed piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spill containment and overfill protection	Tank	Tank	Tank	Tank	Tank
A. Spill containment device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill prevention device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Daily Inventory Control (mark only one)					
A. Manual gauging by stick and records reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mechanical tank gauge and records reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Automatic gauging system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cathodic Protection (if applicable)	Tank	Piping	Tank	Piping	Tank
A. Sacrificial Anode Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed Current Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Date of Last Test	_____	_____	_____	_____	_____
Certification of Compliance No.: _____					

XI. CERTIFICATION (Read and sign after completing all sections)

NOTE: Both the copy being sent to the Dept. of Fire Services and the copy retained by the local fire department must be signed separately. A photocopied signature will not be accepted on either document.

I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Signature:

Date: